# P04000103057

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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# TRANSMITTAL LETTER

Department of State		*		
Division of Corpora	tions	•		
P. O. Box 6327	•	F *	4	
Tallahassee, FL 323	314			r ee e
Evtonsi	ve Care Centers II C	•		
SUBJECT: LAGIST	ve Care Centers, LLC (PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	<b>-</b> .
	,			,
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	
			5	
\$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
<b>5</b> -	- 1 Metropole			
FROM: Re	ne J. Valverde Name	(Printed or typed)		and the second of the second
	3451 Executive Way	_		
•	•	Address		* **
	Miramar, Florida 33025	7	<del></del>	
	City	, State & Zip .		
	205 000 0000			
	305-903-9000			

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2004

RENE J. VALVERDE 3451 EXECUTIVE WAY MIRAMAR, FL 33025

SUBJECT: EXTENSIVE CARE CENTERS

Ref. Number: W04000025222

We have received your document for EXTENSIVE CARE CENTERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 104A00042698

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

04 JUL -9 PM 2: 09

# ARTICLE I NAME

The name of the corporation shall be:

Extensive Care Centers , IN.C.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3451 Executive Way
Miramar, Fla. 33025

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Medical Services to patients, medical center.

#### ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jose Armas MD 3

Eduardo Alarcon MD

3451 Executive Way Miramar Fla. 33025

same

Rene Valverde Steve Zaffos same

same

Director/President

Director/Secretary

Director/VP

Director/VP

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Rene J Valverde 3451 Executive Way Miramar, Fla. 33025

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rene J Valverde 3451 Executive Way Miramar, Fla. 33025

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Registered Agent

Signature/Incorporator

6/20/04

6/20/04